

In using streamlined acquisition procedures for ballistic missile defense, we need to remember that we already have the basic technology for deploying effective defenses against long range ballistic missiles. We do not need to be paralyzed by the goal of developing the best technology possible—we already have the technology we need.

We have already tested interceptors, kinetic energy weapons, and high energy lasers. While there is the need for practical field engineering, testing, and production of ballistic missile defense technologies, we have no need to continue basic research before reaching a decision to acquire a ballistic missile defense.

This is not to say, however, that we should not continue basic research. Rather, we can and should continue basic research without delaying other programs to acquire a ballistic missile defense based on research already done.

Accelerated funding and streamlined acquisition procedures are in order for Navy Upper Tier (Navy Theater Wide), and Space Based Interceptors such as Brilliant Pebbles (The Pentagon approved Brilliant Pebbles for acquisition in 1992). These are programs for which funding, not technology, is the primary constraint.

In addition, while the acquisition of Space Based Lasers for ballistic missiles defense will require substantial engineering and design work, we have already developed and tested the primary components for the Space Based Laser. We are ready to proceed with its development and acquisition.

We may expect accelerated funding and streamlined acquisition procedures to shorten timeframes for developing and deploying a ballistic missile defense. Timeframes for initial deployment may be as short as three to five years.

Accelerated funding for programs such as Navy Upper Tier, Space Based Interceptors like Brilliant Pebbles, and Space Based Lasers can bring us closer to quickly deploying a ballistic missile defense.

Finally, Mr. Speaker, we must consider Proposals for an "ABM Treaty Compliant" Ballistic Missile Defense.

Proposals for an "ABM Treaty Compliant" Ballistic Missile Defense constrain themselves to a defense using ground-based radar, and ground-based interceptors deployed at a single site with a maximum of 100 interceptors.

It is time we view proposals for deploying an "ABM Treaty Compliant" Ballistic Missile Defense from the context of providing the best defense possible for the American people.

Thus, we need to compare an "ABM Treaty Compliant" defense with the effectiveness and availability of other ballistic missile defense programs such as Navy Upper Tier (Navy Theater Wide) and Space Based Interceptors.

While an "ABM Treaty Compliant" defense may seem attractive from the viewpoint of being able to recycle Minuteman missiles by equipping them with a Kinetic Kill Vehicle rather than nuclear warheads, such proposals must be kept in their proper context.

First, the most effective defense possible against long range ballistic missiles will be a boost phase defense. A boost phase defense, whether using interceptors or high energy la-

sers, will intercept a ballistic missile when it presents itself as a large, visible target, and is susceptible to destruction.

In addition, a boost phase defense, will prevent a missile from releasing its warheads, decoys, or submunitions. Yet, an "ABM Treaty Compliant" defense will never be able to offer us a boost phase defense capability, in contrast to programs such as Navy Upper Tier (Navy Theater Wide), Space Based Interceptors, or Space Based Lasers.

Furthermore, an "ABM Treaty Compliant" defense, limited to a single site, will be unable to protect the entire United States. It will put at risk Alaska, Hawaii, and many of our Pacific Island Territories such as Guam.

Moreover, an "ABM Treaty Compliant" defense, by relying solely on ground-based interceptors, leaves itself open to its defeat through the use of decoys, multiple warheads or submunitions.

Our best defenses will be found in putting themselves as close to the point of attack—as close or at the boost phase—rather than waiting for the last moment. Intuitively, this gives the defense the most room for maneuver, and restricts the offense.

Our best defenses against long range ballistic missiles will thus be found in programs such as Navy Upper Tier, Space Based Interceptors, and Space Based Lasers, not in an "ABM Treaty Compliant" defense.

CONGRATULATIONS TO NED MALONE

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 1999

Mr. CARDIN. Mr. Speaker, I rise today to honor my good friend Ned Malone who has dedicated his life to improving our community and who has had a distinguished career in public service as a member of the Maryland House of Delegates and as Baltimore County Sheriff.

Those who know Ned well, know one thing about him: that he is a fireman at heart. That is why I am so pleased that on Feb. 13 he will be honored for his 45 years of dedicated service to the Arbutus Volunteer Fire Department. During that time, Ned has served as the Fire Department's president, captain, and a member of the Board of Directors.

Ned also has had a distinguished career in Annapolis. From 1967–1978, he was a member of the House of Delegates, serving as Chairman of the Baltimore County delegation and as Vice Chairman of the powerful Economic Matters Committee.

In 1984, Ned was appointed Sheriff of Baltimore County by Gov. Harry Hughes. Serving as Sheriff from 1984–1990, Ned worked hard to ensure the safety and well-being of all Baltimore County residents. Ned is currently with the state's Mass Transit Administration.

Ned was born in Elkridge, MD, in 1927 and has spent much of his life in Arbutus, MD. He was Manager of Personnel Services for the Western Maryland Railway Co., and served with distinction in the U.S. Army from 1950–1952. Ned has been married to the lovely

Margaret June Malone for 43 years and together they raised four wonderful children.

I urge my colleagues to join me in congratulating Ned Malone on his 45 years as a dedicated member of the Arbutus Volunteer Fire Department, and on his distinguished career in public service. Ned's passion for helping others and his dedication to improving our community is hard to match. I am honored to call him a friend.

THE MEDICARE SOCIAL WORK EQUITY ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 1999

Mr. STARK. Mr. Speaker, I join with Representative LEACH (R-Iowa) and 22 of our colleagues to introduce the Medicare Social Work Equity Act of 1999 to ensure that clinical social workers can continue to receive reimbursement under Part B of Medicare.

Due to changes in the Balanced Budget Act of 1997, clinical social workers can no longer bill Medicare under Part B for counseling and other professional mental health services. Under current law, clinical social workers must now seek reimbursement under the consolidated payment system. Unfortunately, the prospective payment system was not designed to cover ancillary services such as psychotherapy.

If Congress does not amend the laws to allow separate billing for psychotherapy service, clinical social workers will not be able to provide much-needed mental health services to long-term care facility residents. Doing so will needlessly harm seniors because clinical social workers have the professional training and expertise to work with seniors as do psychologists and psychiatrists.

If we fail to fix this problem, Medicare will pay more. The services of psychologists and psychiatrists cost more than the services of a clinical social worker. Currently, clinical social workers receive from Medicare only 75% of what would be paid to a psychologist or psychiatrist. In addition, many skilled nursing facilities operate in communities where psychologists and psychiatrists are not available to treat seniors in skilled nursing facilities.

Our legislation excludes clinical social workers from the prospective payment system. This small fix corrects what we believe to be a serious error created by the Balanced Budget Act. It is time to act quickly and decisively to preserve access to needed counseling services for residents in thousands of our Nation's long-term care facilities.

H.R.—

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Social Work Equity Act of 1999".

SEC. 2 EXCLUDING CLINICAL SOCIAL WORKER SERVICES FROM COVERAGE UNDER THE MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM AND CONSOLIDATED PAYMENT.

(a) IN GENERAL.—Section 1888(e)(2)(A)(ii) of the Social Security Act (42 U.S.C.